U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT
ENFORCEMENT AND REMOVAL OPERATIONS
ICE HEALTH SERVICE CORPS

GUIDANCE FOR TUBERCULOSIS SCREENING & CHEST RADIOGRAPHY IN IHSC FACILITIES

OM 17-001
EFFECTIVE DATE: 21 JUNE 2017

By Order of the Acting Assistant Director:
CAPT Luzviminda Peredo-Berger, MD/S/

TO: IHSC Public Health Service (PHS) Commissioned Corps Officers, Civilian Federal Employees, and Contract Personnel.

SUBJECT: Additional Interim Guidance for Tuberculosis (TB) Screening and Chest Radiography (CXR) in IHSC Facilities.

1. PURPOSE: The purpose of this Operating Memorandum (OM) is to set forth guidance for TB screening practices for IHSC facilities. Screening for TB is a critical requirement of the detainee or resident (hereafter referred to as "detainees") intake screening process. The identification of detainees with suspected TB disease helps minimize TB exposure to staff and other detainees.

2. APPLICABILITY: This OM is applicable to all U.S. Immigration and Customs Enforcement (ICE) Health Service Corps (IHSC) personnel, including but not limited to, Public Health Service (PHS) officers, General Scheduled (GS) employees, and contractors working in IHSC-staffed facilities.

3. AUTHORITIES AND REFERENCES:

3-1. Title 8, Code of Federal Regulations, Section 235.3, Inadmissible Aliens and Expedited Removal;

3-2. Section 232 of the Immigration and Nationality Act, as amended, Title 8 U.S. Code, Section 1222, ,Detention of Aliens for Physical and Mental Examination; and

3-3. Title 8, Code of Federal Regulations, Part 232, Detention of Aliens for Physical and Mental Examination.

4. ROLES AND RESPONSIBILITIES: All IHSC health care personnel perform TB screening in accordance with the scope of their licenses and follow protocols for intake screening and the ordering of diagnostic tests.

4-1 Registered Nurses (RNs) are authorized to complete TB Symptom Screenings, Tuberculin Skin Testing (TST), and Interferon Gamma Release Assay (IGRA) blood collections. RNs are only approved to complete CXRs if authorization is (a) annotated on nursing licensure or (b) approval provided in writing by state board of nursing, and (c) is provided to the Health Service Administrator (HSA) for verification and placement in employee credentialing file.

4-2 Radiologic Technologists (RTs) will take intake screening CXRs in accordance with state licensing scope of practice.

5. PROCESS AND PROCEDURES: IHSC facilities may need to adjust their TB screening processes, or modify work schedules as necessary, to provide adequate TB screening at the time of intake. If approved staff are not available to perform CXRs, then the facility will adopt alternative TB screening processes that are consistent with CDC guidelines.

5-1 IHSC health care personnel must screen all newly arriving detainees for symptoms suggestive of TB within **12 hours** of arrival during intake screening (symptom screening).

5-2 Health care personnel screen all newly arriving detainees for TB at intake consistent with the applicable ICE detention or family residential standards under which the facility housing the person operates.

(1) If a detainee presents with clinical or radiographic evidence suggestive of TB disease, separate housing must be provided pending completion of the TB screening.

(2) Health care personnel should evaluate detainees with symptoms consistent with TB disease, to include appropriate testing for TB infection and active disease.

(3) Health care personnel manage detainees with clinical presentation suggestive of TB disease and document appropriately for release to the general detention population per the Public Health Actions for Tuberculosis Care Guide: IHSC-Staffed Medical Clinics.

(4) Health care personnel should test adult detainees not in continuous law enforcement custody for TB within 72 hours of arrival (and if feasible, during intake medical screening) using a

chest x-ray (CXR), TB Skin Test (TST), or FDA-approved Interferon Gamma Release Assay (IGRA), depending on the capabilities of the facility and within the scope of each health care staff's clinical license.

5-3 Primary Method: After symptom screening, the primary TB screening method, if appropriate staff are available, is a single view CXR that must be completed at intake.

5-3.1 If the CXR results are positive with any parenchymal, pleural or mediastinal findings, the detainee will remain in airborne infection isolation and be managed by IHSC medical provider in accordance with clinical guidelines; to include diagnostic testing, treatment, and TB case management reporting. Note: all single view CXRs should be followed up with a two view CXR to confirm findings.

5-3.2 If the CXR results are discordant (i.e. single view is "positive", two view is "negative"), and all laboratories are negative, then empiric four drug treatment and TB case management reporting is not mandatory for release to general population or clearance for travel.

5-4 Secondary Method: An alternative TB screening process must be done if a CXR is unable to be completed at intake.

5-4.1 Any detainee with symptoms suggestive of active pulmonary TB must be placed in airborne infection isolation until a medical provider evaluates the detainee. Furthermore, the detainee with symptoms of suggestive of active pulmonary TB must have additional TB testing.

5-4.2 Detainees with symptoms suggestive of active pulmonary TB must have a single view CXR completed as soon as possible, but no later than 72 hours. When a CXR is completed, and any parenchymal, pleural or mediastinal findings are noted, the detainee will remain in airborne infection isolation be managed by IHSC medical provider in accordance with clinical guidelines; to include diagnostic testing, treatment, and TB case management reporting.

5-4.3 Detainees without symptoms will have additional TB screening, after symptom screening, by one of three methods: (1) Tuberculin Skin Test (TST), (2) Interferon Gamma Release Assay (IGRA), or (3) CXR. The CXR must be completed within 72 hours of intake screening. The TST must be placed within 72 hours and read within 48 to 72 hours. The IGRA must be drawn within 72 hours of intake.

5-4.3.1 If the TST (i.e. ppd test) or the IGRA test is positive, then a single or two view CXR must be obtained.

a. If CXR is positive, with any parenchymal, pleural, or mediastinal findings, then the detainee must remain in airborne infection isolation and be managed by IHSC medical provider in accordance with clinical guidelines; to include diagnostic testing, treatment, and TB case management reporting.

b. If the CXR is negative, the medical provider must order HIV serology and a hemoglobin A1c; if the detainee is HIV positive and/ or diabetic, then the provider should consult with a physician knowledgeable in the treatment of TB infection to determine the best management plan.

c. If the CXR is negative and the HIV serology and hemoglobin A1c are also negative, no further action is required.

5-5 Special Circumstances for TB Screening:

5-5.1 Adult detainees in continuous law enforcement custody with documented TB screening within one year: In facilities that operate under ICE Performance-Based National Detention Standards (PBNDS) 2011, new adult detainee intakes previously in continuous law enforcement custody and with a negative TB screening test result—by CXR or TST within the last year—must be symptom screened at intake. However, additional TB screening will not be required during the intake process. These individuals will be scheduled for TB symptom screening at the one year anniversary of the TB screening.

5-5.2 Adult detainees in continuous law enforcement custody with no documented TB screening within one year: In facilities that operate under ICE PBNDS 2011, adult detainees in continuous law enforcement custody with TB testing performed greater than one year prior, or adult detainee arriving without a documented TB screening test, will be screened for TB as outlined in section 5-3 and 5-4 above (i.e., symptom screened within 12 hours, followed by CXR, TST, or IGRA within 72 hours).

5-6 Housing Determination: Detainees do not require separate housing pending completion of the TB screening process, unless a detainee presents with clinical evidence suggestive of pulmonary TB disease (i.e.,

symptoms suggestive of active pulmonary TB or a positive CXR with paremchymal, mediastinal or pleural findings).

5-7 **TB screening in facilities without on-site radiographic services:** CXR is the preferred method of TB screening for adults in IHSC facilities. If the facility cannot provide on-site radiographic services, detainees will be administered a TST or IGRA as specified in 5.4 above (e.g., TST placed within 72 hours and read in 48-72 hours, or the IGRA drawn within 72 hours of intake screening).

5-8 **Routine Testing:** For routine testing, it is acceptable to use IGRA in place of, but not in addition to, TST with some special considerations stated in the following CDC guidelines: CDC MMWR: Updated Guidelines for Using IGRA to Detect *Mycobacterium tuberculosis* Infection - United States, 2010. Also see the most current TB Guidelines available:

5.8.1 CDC | TB | TB Guidelines - Testing.

5.8.2 See also sections of applicable IHSC Official Guidance | Tuberculosis that address TB screening in detainees <18 years of age.

5.8.3 See also Curry International Tuberculosis Center TB Radiology Resource Page.

5-9 **History of positive TST or IGRA:** If an arriving detainee has documentation of a positive TST or IGRA without an accompanying CXR result, staff must complete symptom screen, and a single or two view CXR, must be completed within 72 hours of intake screening.

5-10 **The following ways to obtain the CXR can be utilized**:

5-10.1 Perform CXR on-site by:

5.10.1.1 An IHSC RT;

5.10.1.2 An IHSC RN that meets all state license, training, and scope of practice requirements; or

5.10.1.3. A mobile radiology service.

5-10.2 Obtain the CXR off-site: The detainee should be sent off-site to obtain the CXR if there are no on-site capabilities to provide a CXR. Asymptomatic detainees may be scheduled CXR screening by group transport. For example, IHSC facilities may schedule detainees to have their CXR completed on a M/W/F schedule at the

IHSC facility by an off-site service provider to meet the 72 hour TB testing requirement and to ease the impact on medical and custody staff.

5-11 TB Clearance Requirements for Transportation

5.11.1 A health care provider should screen detainees without documentation of results of recent TB testing for symptoms consistent with TB disease prior to scheduled domestic or international air transportation or ground transportation without environmental controls.

5.11.2 Health staff should ensure that detainees with confirmed or suspected TB disease have no clinical findings suggestive of current contagiousness prior to scheduled domestic or international air transportation or ground transportation without environmental controls. Refer to Public Health Actions for Tuberculosis Care Guide: IHSC-Staffed Medical Clinics.

6. **HISTORICAL NOTES:** This OM replaces and expands guidance set forth in the OM 16-005: Additional Interim Guidance for Tuberculosis Screening and Chest Radiography in TX IHSC Facilities.

7. **APPLICABLE STANDARDS**: Applicable policy includes the following directives and guides, and all subsequent versions or replacements to these policy document:

7-1 IHSC Directive: 05-11, *Tuberculosis Management and Control*.

7-2 Guide for the Management and Control of Tuberculosis in IHSC-Staffed Medical Clinics.

7-3 American Correctional Association (ACA): 1-HC-1A-12

7-4 National Commission on Correctional Health Care (NCCHC): J-E-02-Receiving Screening; J-B-01- Infection Prevention And Control Program

7-5 IHSC Pulmonary Tuberculosis Suspect Medical Provider Guidance.

8. **PRIVACY AND RECORDKEEPING.** This operations memorandum does not require the creation of any additional records.

9. **ATTACHMENTS:**

9-1 Revised IHSC Chest X-Ray Waiver memorandum dated March 15, 2016.

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NOTE TO THE RECORD

The information contained within the ICE Health Service Corps Policy and Procedures Manual is subject to change at any time. We reserve the right to update these documents as relevant changes, additions, or deletions occur.

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